



## INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

**SOLID WASTE PROCESSING FACILITY  
PERMIT APPLICATION SWF-12**

SF 50392 (7-01)

**To begin:**

**Please read the instruction manual before beginning.** This application form shall be used to apply for all solid waste processing facility permits and modifications pursuant to 329 IAC 11-9. **Please note** the version date of this form next to the page number; if you have received this form more than 6 months after this date it is recommended you contact our office at 317-232-0066 to determine if this form is still current. When completed, please return this form and support documents, forms and checklists to:

**Solid Waste Permits Section  
Office of Land Quality  
Indiana Department of Environmental Management  
100 North Senate Avenue, P.O. Box 6015  
Indianapolis, Indiana 46206-6015**

This application is for a: ☐ new (construction/operation) permit ☐ major permit modification (capacity increase)  
☐ minor permit modification

**Section A. Applicant(s) Information**

Name:				
Address:	Street	Apt. #	P.O. Box	Town/City
State	Zip Code	Telephone Number (with area code)		

**Section B. Facility Owner(s) Information**

Name:				
Mailing Address:	Street	Apt. #	P.O. Box	Town/City
State	Zip Code	Telephone Number (with area code)		

**Section C. Operator(s) Information**

Name:				
Mailing Address:	Street	Apt. #	P.O. Box	Town/City
State	Zip Code	Telephone Number (with area code)		

**Section D. Property Owner (s) Information**

Name:				
Mailing Address:	Street	Apt. #	P.O. Box	Town/City
State	Zip Code	Telephone Number (with area code)		

Please note that in accordance with 329 IAC 11-11-4(b) the owner, operator & permittee of a solid waste facility, and the owner or owners of the land upon which the facility is located, shall be liable for any environmental harm caused by the facility.

Section E. Facility Information

Name:					
Mailing Address:	Street	Apt. #	P.O. Box	Town/City	Zip Code
Location Address:					
Street/County Road		County	Town/City		
Type of Operation:					
<input type="checkbox"/> Incinerator - 10 tons/day or greater		<input type="checkbox"/> Transfer Station			
<input type="checkbox"/> Infectious Waste Incinerator - 7 tons/day or greater		<input type="checkbox"/> Other Solid Waste Processing Facility			
Planned Life of Facility in Years:	Expected Daily Volume - Tons:	Expected Daily Volume - Cubic Yards:	Types of Waste Received:	Contact Person:	

Section F. Names and Address of Affected Government Officials

1) Members of the board of county commissioners where facility/expansion to be located

Typed Name: _____	Typed Name: _____
Typed Address: _____	Typed Address: _____
Typed Address: _____	Typed Address: _____
Typed City, St.: _____ Zip	Typed City, St.: _____ Zip
Typed Name: _____	Typed Name: _____
Typed Address: _____	Typed Address: _____
Typed Address: _____	Typed Address: _____
Typed City, St.: _____ Zip	Typed City, St.: _____ Zip
Typed Name: _____	Typed Name: _____
Typed Address: _____	Typed Address: _____
Typed Address: _____	Typed Address: _____
Typed City, St.: _____ Zip	Typed City, St.: _____ Zip

**Section F. Names and Addresses of Affected Government Officials (continued)**

Typed Name: \_\_\_\_\_  
Typed Address: \_\_\_\_\_  
Typed Address: \_\_\_\_\_  
Typed City, St.: \_\_\_\_\_  
Zip \_\_\_\_\_

Typed Name: \_\_\_\_\_  
Typed Address: \_\_\_\_\_  
Typed Address: \_\_\_\_\_  
Typed City, St.: \_\_\_\_\_  
Zip \_\_\_\_\_

2) Mayor(s) of any city(s) affected by the permit application

Typed Name: \_\_\_\_\_  
Typed Address: \_\_\_\_\_  
Typed Address: \_\_\_\_\_  
Typed City, St.: \_\_\_\_\_  
Zip \_\_\_\_\_

Typed Name: \_\_\_\_\_  
Typed Address: \_\_\_\_\_  
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Typed City, St.: \_\_\_\_\_  
Zip \_\_\_\_\_

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Zip \_\_\_\_\_

Typed Name: \_\_\_\_\_  
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Typed Address: \_\_\_\_\_  
Typed City, St.: \_\_\_\_\_  
Zip \_\_\_\_\_

3) President(s) of town council(s) of any town(s) affected by the permit application

Typed Name: \_\_\_\_\_  
Typed Address: \_\_\_\_\_  
Typed Address: \_\_\_\_\_  
Typed City, St.: \_\_\_\_\_  
Zip \_\_\_\_\_

Typed Name: \_\_\_\_\_  
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Zip \_\_\_\_\_

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Zip \_\_\_\_\_

Typed Name: \_\_\_\_\_  
Typed Address: \_\_\_\_\_  
Typed Address: \_\_\_\_\_  
Typed City, St.: \_\_\_\_\_  
Zip \_\_\_\_\_

**Please use additional sheets as needed to include all local officials affected by this permit application.**

**Section G. Signatures and Certification Statements**

329 IAC 11-9-3(d) requires that the signatory for a permit application sign to the following certification statement:

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge true, accurate, and complete. I am aware that there are significant penalties for submitting false information , including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized to submit this information.”

\_\_\_\_\_  
APPLICANT’S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT’S NAME TYPED

329 IAC 11-9-1(b) requires the owner of the land upon which a facility is located to sign the application form acknowledging the land owner’s responsibility established in 329 IAC 11-11-4:

“I hereby certify that I am fully aware of my responsibilities established in 329 IAC 11-11-4 as owner of the land upon which a solid waste facility is located and shall be liable for any environmental harm caused by the facility.”

\_\_\_\_\_  
LAND OWNER’S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LAND OWNER’S NAME TYPED